	Application of Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD	

Effective October 1, 2000							69757314					
		CLAIMS A	S FILED - (Column			ımn 2)		SMALL EN	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS							RATE	FEE	1	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
\vdash	TAL CHARGEA	BLE CLAIMS	15 min	us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			L <i>:</i>	nus 3 =	ځ_			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					"0" in c	column 2		TOTAL		OR	TOTAL	870
CLAIMS AS AMENDED - PART (Column 1) (Column					nn 2)	(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	3,	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=	,
L	TIMOTTALSE	IVIATION OF MIC	DETIFEE DEF	ENDENT	CLAIIVI			+135=		OR	+270=	
			:				L	TOTAL ODIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	Provide American Co.	(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	*** PENDENT	CLAIM	=	$ar{ar{ar{ar{ar{ar{ar{ar{ar{ar{$	X40=	•	OR	X80=	·
						<u> </u>	4	+135=	•	OR	+270=	
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	1	(Column 1)	7	(Colur		(Column 3)	. .					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=	·	OR	X\$18=	
	Independent		Minus	***	- OI	=	 	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		J ∤	.405			.070	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nhar Praviously Pa	id For" (Total o	r Indonend	antlie the	highest number	or for	nd in the ann	ropriate ho	v in co	lumn 1	